FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

| (a) Name of Individual, Organization or Corporation | |
|---|--|
| DEFENDERS OF WILDLIFE ACTION FUND | |
| | |
| (b) Address (number and street) | |
| (c) City, State and ZIP Code | |
| WASHINGTON DC 20036 | FEC Identification Number |
| 2. Corporate filers only | C C90007907 |
| Is the filer a qualified nonprofit corporation? | 10 |
| Individual filers only Name of Employer | Occupation |
| Name of Employer | Cocupation |
| | |
| 4. TYPE OF REPORT (check appropriate boxes): | |
| (a) April 15 Quarterly Report | 48-Hour Report |
| ☐ July 15 Quarterly Report | |
| October Quarterly Report | |
| | |
| January 31 Year-End Report | |
| | |
| (b) Is this Report an amendment? Yes No X | |
| 5. COVERING PERIOD: FROM M M / D D / Y Y Y Y | |
| THROUGH | |
| M M / D D / Y Y Y | |
| | |
| 6. TOTAL CONTRIBUTIONS | .00 |
| 7 TOTAL INDEPENDENT EVENDETURES | 6199.00 |
| 7. TOTAL INDEPENDENT EXPENDITURES | 0100.00 |
| - I | |
| Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commiss | . In addition, if the independent expenditures |
| TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE | DATE |
| | |
| Anne Saer | 10/26/2006 |
| | |
| NOTE: Submission of false, erroneous or incomplete information may subject the person signin | g triis report to the penalties of 2 U.S.C 43/g. |

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

5PG021 FEC Schedule 5 (Rev. 09/2005)

SCHEDULE 5-E

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| | | |

ITEMIZED INDEPENDENT EXPENDITURES FOR LINE 7 FOR FORM 5 NAME OF FILER (In Full) DEFENDERS OF WILDLIFE ACTION FUND Full Name (Last, First, Middle Initial) of Payee Date Care2 2 ^D 5 2006 Mailing Address Amount 275 Shoreline Dr 326.00 State Zip Code CA 94065 Redwood City Purpose of Expenditure Office Sought: Category/ Х House State: IN 006 List rental Type House Senate District: 2 President Name of Federal Candidate Supported or Opposed by Expenditure: Chris Chocola Check One: Support X Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election .00 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date Care2 2006 Mailing Address Amount 275 Shoreline Dr 326.00 Zip Code City State Redwood City CA 94065 Purpose of Expenditure Office Sought: X House State: IN Category/ 006 List rental Туре House Senate District: 9 President Name of Federal Candidate Supported or Opposed by Expenditure: Mike Sodrel Check One: Support X Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election .00 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date Care2 м₁ 0 2006 Mailing Address Amount 275 Shoreline Dr 326.00 Zip Code City State 94065 CA Redwood City Purpose of Expenditure Office Sought: State: IN Category/ X House 006 List rental Type Senate House District: 8 President Name of Federal Candidate Supported or Opposed by Expenditure: John Hostettler Check One: Support X Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election .00 for Office Sought Other (specify) 978.00 (a) SUBTOTAL of Itemized Independent Expenditures .. (b) SUBTOTALof Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures

(carry total from last page forward to Line 7)

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

DEFENDERS OF WILDLIFE ACTION FUND

| PAGE 3/5 |
|-----------------------|
| FOR LINE 7 FOR FORM 5 |

NAME OF FILER (In Full)

| Full Name (Last, First, Middle Initial) of Payee | | Date |
|--|-----------|---|
| Care2 | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address | | Amount |
| 275 shoreline Dr | | 326.00 |
| City State | Zip Code | 320.00 |
| Redwood City CA | 94065 | |
| Purpose of Expenditure List rental | Category/ | Office Sought: X House State: KY |
| | Турс | House Senate District: 3 |
| Name of Federal Candidate Supported or Opposed by Expendi Anne Northup | ture: | President President |
| 7 time (Vertitap | | Check One: Support X Oppose |
| Calendar Year-To-Date Per Election | | Disbursement For: Primary General |
| for Office Sought | .00 | Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee | | Date |
| Care2 | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address | | |
| 275 Shoreline Dr | | Amount |
| City State | Zip Code | 326.00 |
| Redwood City CA | 94065 | |
| Purpose of Expenditure | Category/ | Office Sought: X House State: MN |
| List rental | Type 006 | House Senate District: 1 |
| Name of Federal Candidate Supported or Opposed by Expendi Gil Gutknecht | ture: | President |
| dii dukileciit | | Check One: Support X Oppose |
| Calendar Year-To-Date Per Election | | Disbursement For: Primary General |
| for Office Sought | .00 | Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee | | Date |
| Care2 | | M M / D D / Y Y Y |
| Mailing Address | | 1.0 25 2006 |
| 275 Shoreline Dr | | Amount |
| City State | Zip Code | 3265.00 |
| Redwood City CA | 94065 | |
| Purpose of Expenditure | Category/ | Office Sought: X House State: NC |
| List rental | Type 006 | House Senate District: 11 |
| Name of Federal Candidate Supported or Opposed by Expendi | ture: | President |
| Charles Taylor | | Check One: Support X Oppose |
| Calendar Year-To-Date Per Election | | Disbursement For: Primary General |
| for Office Sought | .00 | Other (specify) |
| | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 3917.00 |
| | | |
| (b) SUBTOTALof Unitemized Independent Expenditures | | |
| (c) TOTAL Independent Expenditures | | |
| (carry total from last page forward to Line 7) | | |
| | | |

Full Name (Last, First, Middle Initial) of Payee

Care2

| PAGE | 4 / 5 | |
|------|-------|--|
| | | |

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES FOR LINE 7 FOR FORM 5 NAME OF FILER (In Full) DEFENDERS OF WILDLIFE ACTION FUND Full Name (Last, First, Middle Initial) of Payee Date Care2 2006 Mailing Address Amount 275 Shoreline Dr 326.00 State Zip Code CA 94065 Redwood City Purpose of Expenditure Office Sought: Category/ Х House State: NM 006 List rental Type House Senate District: 1 President Name of Federal Candidate Supported or Opposed by Expenditure: Heather Wilson X Oppose Check One: Support Disbursement For: Primary General Calendar Year-To-Date Per Election .00 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date Care 2 2006 Mailing Address Amount 275 Shoreline Dr 326.00 Zip Code City State Redwood City CA 94065 Purpose of Expenditure Office Sought: χ House State: NV Category/ 006 List rental Туре Senate House District: _3 President Name of Federal Candidate Supported or Opposed by Expenditure: Jon Porter Support Check One: X Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election .00 for Office Sought Other (specify)

| - Ca. 62 | | | | | М 1 | M / | ^D 2 ^D 5 | Y 2006 | Y |
|--|-----------------------|-------------------|-----|-----|-----------------------------|-----|-------------------------------|-----------|----------|
| Mailing Address 275 Shoreline Dr | | | | | Amount | 0 | 2.5 | 2000 | <u>'</u> |
| City Redwood City | State CA | Zip Code 94065 | | | | | • | 326.00 | _ |
| Purpose of Expenditure List rental | | Category/ Type | 006 | l | ce Sought: louse | Ħ | House Senate | State: NY | |
| Name of Federal Candidate Supported or Opp John Sweeney | posed by Expenditure: | | | Che | eck One: | | President Support | X Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | | .00 | l | oursement F Other (speci | | Primary | Genera | |
| (a) SUPTOTAL of Itamized Independent Even | andituros | | | | | | | 978.00 | 1 |

(a) SUBTOTAL of Itemized Independent Expenditures

(b) SUBTOTALof Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)

Date

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| TEMIZED INDEPENDENT EXPENDITURES | FOR LINE 7 FOR FORM 5 |
|--|--|
| NAME OF FILER (In Full) | THE THE THE THE THE |
| DEFENDERS OF WILDLIFE ACTION FUND | |
| | |
| Full Name (Last, First, Middle Initial) of Payee Care2 | Date |
| | 1.0 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 275 Shoreline Dr | Amount |
| City State Zip Code Redwood City CA 94065 | 326.00 |
| List rental | rice Sought: X House State: NY House Senate Senate |
| Name of Federal Candidate Supported or Opposed by Expenditure: | President District: 29 |
| | eck One: Support X Oppose |
| Calendar Year-To-Date Per Flection | bursement For: Primary General |
| for Office Sought .00 | Other (specify) |
| | |
| | 326.00 |
| (a) SUBTOTAL of Itemized Independent Expenditures | 320.00 |
| (b) SUBTOTALof Unitemized Independent Expenditures | |
| (a) TOTAL Independent Evennditures | 6199.00 |

(c) TOTAL Independent Expenditures

(carry total from last page forward to Line 7)